



Part 1: Local Educational Agency Information

Name of Local Educational Agency	Early Childhood Academy Public Charter School	Name of LEA Executive Director (Public Charter Schools Only)	Wendy S. Edwards
Full Address of Local Educational Agency	4025 9 Street, SE., Washington, DC 20032	Email Address of LEA Executive Director (Public Charter Schools Only)	wedwards@ecapcs.org
Main Telephone Number of Local Educational Agency	202 373 0035	Telephone Number of LEA Executive Director (Public Charter Schools Only)	202 373 0035
Name of Primary LEA Contact for Title I LEA Plan	Yesenia Menjivar	Name of Additional LEA Contact for Title I LEA Plan	Debra Robinson-Foster
Position Title of Primary LEA Contact for Title I LEA Plan	Program Administrator	Position Title of Additional LEA Contact for Title I LEA Plan	Financial Manager
Email Address of Primary LEA Contact for Title I LEA Plan	ymenjivar@ecapcs.org	Email Address of Additional LEA Contact for Title I LEA Plan	dfoster@ecapcs.org
Telephone Number of Primary LEA Contact for Title I LEA Plan	202 373 0035	Telephone Number of Additional LEA Contact for Title I LEA Plan	202 373 0035

Part 2: LEA Certification

I certify that all of the information contained in this application is true and accurate to the best of my knowledge. Additionally, I certify that the LEA agrees to all assurances included in the application. I have been authorized to file this application on behalf of the agency named above.

Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)	Dennis Sawyers	Signature of Individual Certifying Title I LEA Plan	
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)	Board Chairperson	Date of Certification (input at the time of signature)	9/21/12

SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV.

OSSE Use Only

Date Title I LEA Plan First Received: